LETTER TO THE EDITOR/LETTRE À LA RÉDACTION

An additional site of pudendal nerve compression?

Un autre site de compression du nerf honteux ?

Lefaucheur et al. [1] systematically reviewed the issue of the neurophysiological diagnosis of pudendal nerve entrapment syndromes. They nicely illustrated both feasibility and disadvantages of two different neurophysiological techniques that are suitable for the investigation of a suspected pudendal nerve entrapment: concentric needle electromyography and a group of pudendal nerve conduction studies. However, they omitted a present-day problem met by specialists in the pudendal nerve field, namely, that one or more branches of the pudendal nerve can be compressed elsewhere than in the pudendal canal but mimic the clinical picture of a pudendal nerve trunk entrapment inside the pudendal canal or in a close proximity to the ischial spine. One possible anatomical site of such an out-of-pudendal-canal compression is the subpubic concavity, where the dorsal nerve of penis/clitoris — a branch of the pudendal nerve — is running inside a tight osteofibrotic canal [2], close to the bone [3]. Some time ago, we suggested that the clinical signs of a sub-group of patients with the symptoms of the Alcock’s syndrome might be caused by an overuse injury in cyclists resulting from a repetitive prolonged pressure of the nose of the saddle against the sulcus nervi dorsalis of penis/clitoridis. Unfortunately, as stated by the members of the “Club d’Électrophysiologie péritérale”: “the site of pudendal nerve compression cannot be ascertained by electroneuromyographic examination” [1]. Hopefully, an ad hoc method will be developed in the future.

References


J. Šedý
Institute of Experimental Medicine,
IEM ASCR, Vídeňská 1083, 142 20 Prague 4, Czech Republic
E-mail address: jirisedy@hotmail.com

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